

12-14-00

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ATTORNEY DOCKET NO.: P-8003
Express Mail EL084632211US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT
Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Lary R. Larson**
TITLE: **METHOD FOR STACKING SEMICONDUCTOR DIE WITHIN AN IMPLANTED MEDICAL DEVICE**

jc970 U.S. PTO



12/13/00

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D C 20231 "EXPRESS No. EL084632211US, on this 13 day of DECEMBER, 2000.

FRAYDA M NITSCHKE

Printed Name

Signature

JC918 U.S. PTO
09/735826
12/13/00

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:
Total pages: 24 (including claims and abstract: Spec. 17 sheets; Claims 6 sheets; Abstract - 1
- X Drawings:
Total sheets: 5
☐ formal ☒ informal

X Combined Declaration and Power of Attorney:

- X newly executed
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

- ☐ Notification of filing a
- X Assignment of the Invention to Medtronic, Inc.
- X Assignment cover sheet
- ☐ Information Disclosure Statement
- ☐ PTO Form 1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
phone: (763)514-6402

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	21	20	= 1	x 18	18
Independent Claims	2	3	= 0	x 80	0
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
TOTAL					798

X Charge Deposit Account No. 13-2546 the sum of \$798.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$838.00.**

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

12/12/2000
Date


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